

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

QUARTERLY FINANCIAL REPORTING FORM

		1
1.	FOR THE QUARTER ENDING:	June 30, 2003
2.	Name:	ACCESS DENTAL PLAN
3.	File Number:(Enter last three digits) 933-0	318
4.	Date Incorporated or Organized:	January 14, 1993
5.	Date Licensed as a HCSP:	December 22, 1993
6.	Date Federally Qualified as a HCSP:	N/A
7.	Date Commenced Operation:	April 4, 1994
8.	Mailing Address:	555 University Avenue, Suite 182, Sacramento, CA 95825
9.	Address of Main Administrative Office:	555 University Avenue, Suite 182, Sacramento, CA 95825
10.	Telephone Number:	(916) 922-5000
11.	HCSP's ID Number:	68-0291842
12.	Principal Location of Books and Records:	555 University Avenue, Suite 182, Sacramento, CA 95825
13.	Plan Contact Person and Phone Number:	Samia Zumount, Esq (916) 563-6035
14.	Financial Reporting Contact Person and Phone Number:	Timothy Benson (916) 563-6085
15.	President:*	Reza Abbaszadeh, DDS
16.	Secretary:*	Thomas Joseph Dooley
17.	Chief Financial Officer:*	Brent Alan Seegmiller
18.	Other Officers:*	Tahereh Abbaszadeh, Treasurer
19.		
20.		
21.		
22.	Directors:*	Mark Steven Tanaka, Chairman
23.		Reza Abbaszadeh, DDS
24.		Thomas Joseph Dooley
25.		Emery Bevington Dowell
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32.	President	signature required (please type for valid signature)
33.	Secretary	signature required (please type for valid signature)
34.	Chief Financial Officer	Brent A. Seegmiller
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.		
35.	Check if this is a revised filing, and complete question 7 on page 2: <input type="checkbox"/>	
36.	If all dollar amounts are reported in thousands (000), check here: <input type="checkbox"/>	

Check My Work.

Revision 6-20-2003

**STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN**

QUARTERLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="v"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	Yes <input type="button" value="v"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No <input type="button" value="v"/>
4.	Have the Restricted Assets changed from the previous quarterly filing? If "yes", complete Schedule A-2 (Restricted Assets).	No <input type="button" value="v"/>
5.	Are there any significant changes reported on Schedule G, Section III?	No <input type="button" value="v"/>
6.	If "yes", describe:	
7.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	7,480,418
2. Short-Term Investments	563,030
3. Premiums Receivable - Net	3,330,544
4. Interest Receivable	101,405
5. Shared Risk Receivables - Net	0
6. Other Health Care Receivables - Net	1,679,740
7. Prepaid Expenses	836,357
8. Secured Affiliate Receivables - Current	1,907,565
9. Unsecured Affiliate Receivables - Current	441,092
10. Aggregate Write-Ins for Current Assets	127,621
11. TOTAL CURRENT ASSETS (Items 1 to 10)	16,467,772
OTHER ASSETS:	
12. Restricted Assets	1,582,308
13. Long-Term Investments	8,804,894
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	87,327
18. TOTAL OTHER ASSETS (Items 12 to 17)	10,474,529
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	0
20. Furniture and Equipment - Net	672,688
21. Computer Equipment - Net	313,491
22. Leasehold Improvements -Net	301,697
23. Construction in Progress	431,198
24. Software Development Costs	42,191
25. Aggregate Write-Ins for Other Equipment	52,654
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	1,813,919
27. TOTAL ASSETS	28,756,220
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Inventory	71,119
1002. Administrative Fee Receivable	56,502
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	127,621
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Security Deposits	87,327
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	87,327
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501. Vehicles - Net	52,654
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	52,654

STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	291,143	XXX	291,143
2. Capitation Payable	8,500	XXX	8,500
3. Claims Payable (Reported)	2,915,040	5,244	2,920,284
4. Incurred But Not Reported Claims	2,412,618	5,456	2,418,074
5. POS Claims Payable (Reported)	0		0
6. POS Incurred But Not Reported Claims	0		0
7. Other Medical Liability	0		0
8. Unearned Premiums	1,428,457	XXX	1,428,457
9. Loans and Notes Payable	0	XXX	0
10. Amounts Due To Affiliates - Current	0	XXX	0
11. Aggregate Write-Ins for Current Liabilities	3,049,433	0	3,049,433
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	10,105,191	10,700	10,115,891
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)	0	XXX	0
14. Loans and Notes Payable (Subordinated)	0	XXX	0
15. Accrued Subordinated Interest Payable	0	XXX	0
16. Amounts Due To Affiliates - Long Term	0	XXX	0
17. Aggregate Write-Ins for Other Liabilities	2,558,548	XXX	2,558,548
18. TOTAL OTHER LIABILITIES (Items 13 to 17)	2,558,548	XXX	2,558,548
19. TOTAL LIABILITIES	12,663,739	10,700	12,674,439
NET WORTH			
20. Common Stock	XXX	XXX	300,000
21. Preferred Stock	XXX	XXX	0
22. Paid In Surplus	XXX	XXX	344,757
23. Contributed Capital	XXX	XXX	0
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	15,330,740
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	106,284
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	16,081,781
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	28,756,220
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Accrued Compensation	1,636,359		1,636,359
1102. Misc. Accrued Liabilities	576,799		576,799
1103. Accrued Broker Commission Liability	402,840		402,840
1104. Accrued Premium Tax Liability	85,768		85,768
1198. Summary of remaining write-ins for Item 11 from overflow page	347,667		347,667
1199. TOTALS (Items 1101 thru 1104 plus 1198)	3,049,433	0	3,049,433
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Minority Interest	2,558,548	XXX	2,558,548
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	2,558,548	XXX	2,558,548
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Unrealized Gain on Available for Sale Securities	XXX	XXX	106,284
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	106,284

STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	10,015,373	19,578,522
2. Capitation	248,118	442,564
3. Co-payments, COB, Subrogation	733,693	1,442,107
4. Title XVIII - Medicare	0	0
5. Title XIX - Medicaid	8,871,363	17,287,145
6. Fee-For-Service	4,137,101	8,389,499
7. Point-Of-Service (POS)	0	0
8. Interest	180,750	350,615
9. Risk Pool Revenue	0	0
10. Aggregate Write-Ins for Other Revenues	-42,312	-193,162
11. TOTAL REVENUE (Items 1 to 10)	24,144,086	47,297,290
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated	0	0
13. Inpatient Services - Per Diem	0	0
14. Inpatient Services - Fee-For-Service/Case Rate	0	0
15. Primary Professional Services - Capitated	4,116,744	8,142,148
16. Primary Professional Services - Non-Capitated	9,695,238	17,766,191
17. Other Medical Professional Services - Capitated	0	0
18. Other Medical Professional Services - Non-Capitated	1,984,893	3,858,242
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	0	0
20. POS Out-Of-Network Expense	0	0
21. Pharmacy Expense - Capitated	0	0
22. Pharmacy Expense - Fee-for-Service	0	0
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	946,163	1,764,091
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	16,743,038	31,530,672
Administration		
25. Compensation	1,336,005	2,590,773
26. Interest Expense	105	20,166
27. Occupancy, Depreciation and Amortization	199,840	396,109
28. Management Fees	0	0
29. Marketing	1,725,899	3,500,571
30. Affiliate Administration Services	0	0
31. Aggregate Write-Ins for Other Administration	1,599,763	2,771,744
32. TOTAL ADMINISTRATION (Items 25 to 31)	4,861,612	9,279,363
33. TOTAL EXPENSES	21,604,650	40,810,035
34. INCOME (LOSS)	2,539,436	6,487,255
35. Extraordinary Item	0	0
36. Provision for Taxes	281,294	782,243
37. NET INCOME (LOSS)	2,258,142	5,705,012
NET WORTH:		
38. Net Worth Beginning of Period	16,663,583	14,634,769
39. Audit Adjustments	0	0
40. Increase (Decrease) in Common Stock	0	0
41. Increase (Decrease) in Preferred Stock	0	0
42. Increase (Decrease) in Paid in Surplus	0	0
43. Increase (Decrease) in Contributed Capital	0	0
44. Increase (Decrease) in Retained Earnings:	0	0
45. Net Income (Loss)	2,258,142	5,705,012
46. Dividends to Stockholders	-2,871,824	-4,308,170
47. Aggregate Write-Ins for Changes in Retained Earnings	31,880	50,170
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	16,081,781	16,081,781

STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Miscellaneous Income	92,555	203,284
1002. Minority Interest in Income of Subsidiary	-134,867	-396,446
1003.	0	0
1004.	0	0
1005.	0	0
1006.	0	0
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	-42,312	-193,162
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. Occupancy, Depreciation and Amortization	415,699	808,836
2302. Supplies	433,762	762,809
2303. Other Medical Miscellaneous Expenses	96,702	192,446
2304.	0	0
2305.	0	0
2306.	0	0
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	946,163	1,764,091
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Office Expenses	659,097	1,120,727
3102. Professional Fees	193,686	335,869
3103. Taxes, Licenses and Fees (Excluding Income and Payroll Taxes)	331,471	670,547
3104. Bad Debts	298,451	385,234
3105. Other General and Administrative Expenses	117,058	259,367
3106.	0	0
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	1,599,763	2,771,744
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701. Unrealized Gain on Available for Sale Securities	31,880	50,170
4702.	0	0
4703.	0	0
4704.	0	0
4705.	0	0
4706.	0	0
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	31,880	50,170
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.	0	0
4802.	0	0
4803.	0	0
4804.	0	0
4805.	0	0
4806.	0	0
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	9,987,155	20,030,621
2. Fee-For-Service	4,215,531	8,467,929
3. Title XVIII - Medicare Premiums	0	0
4. Title XIX - Medicaid Premiums	8,031,350	16,517,912
5. Investment and Other Revenues	241,847	509,088
6. Co-Payments, COB and Subrogation	733,693	1,442,107
7. Medical and Hospital Expenses	-15,957,743	-30,770,131
8. Administration Expenses	-4,939,856	-9,493,495
9. Federal Income Taxes Paid	-801,584	-896,243
10. Interest Paid	-105	-20,166
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	1,510,288	5,787,622
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets	0	0
13. Proceeds from Investments	4,000,000	7,350,000
14. Proceeds for Sales of Property, Plant and Equipment	0	0
15. Payments for Restricted Cash and Other Assets	0	0
16. Payments for Investments	-4,264,700	-7,772,700
17. Payments for Property, Plant and Equipment	-284,652	-579,235
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-549,352	-1,001,935
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock	0	0
20. Loan Proceeds from Non-Affiliates	0	0
21. Loan Proceeds from Affiliates	0	0
22. Principal Payments on Loans from Non-Affiliates	0	0
23. Principal Payments on Loans from Affiliates	0	0
24. Dividends Paid	-2,871,824	-4,308,170
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-2,871,824	-4,308,170
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-1,910,888	477,517
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE QUARTER	9,391,306	7,002,901
29. CASH AND CASH EQUIVALENTS AT THE END OF THE QUARTER	7,480,418	7,480,418
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	2,258,142	5,705,012
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	155,185	300,222
32. Decrease (Increase) in Receivables	-1,067,694	-1,380,212
33. Decrease (Increase) in Prepaid Expenses	-414,686	-522,313
34. Decrease (Increase) in Affiliate Receivables	-189,561	-220,363
35. Increase (Decrease) in Accounts Payable	151,352	129,757
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	742,230	908,094
37. Increase (Decrease) in Unearned Premium	-17,148	410,661
38. Aggregate Write-Ins for Adjustments to Net Income	-107,532	456,764
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-747,854	82,610
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	1,510,288	5,787,622
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.	0	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Item 25 from overflow page		
2599. TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Minority Income	134,867	396,446
3802. Accrued Salaries	105,174	224,812
3803. Accrued Income Taxes, Premium Taxes and Miscellaneous Other Liabilities	-347,573	-164,494
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-107,532	456,764

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE**TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	9,763	3,916		13,679	37,871			0		0	
2. Medicare Risk				0				0			
3. Medi-Cal Risk	87,704	3,162		90,866	271,474			0		0	
4. Individual				0				0			
5. Point of Service				0				0			
6. Aggregate write-ins for Other	97,953	8,768	0	106,721	312,516	0	0	0	0	0	
7. Total Membership	195,420	15,846	0	211,266	621,861	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families	97,953	8,768		106,721	312,516			0		0	
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for 698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus 699, 698) (Line 6 above)	97,953	8,768	0	106,721	312,516	0	0	0	0	0	

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SCHEDULE A-1 (CASH)

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1. N/A for Qtrly Filing		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		0
10. Cash on Hand (Petty Cash)		
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		0

SCHEDULE A-2 RESTRICTED ASSETS

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
12. Wells Fargo Investments	07-1104016	50,000
13. Wells Fargo Institutional Securities	12660676	1,025,934
14. Citibank	307557	506,374
15.		
16.		
17.		
18.		
19. Total Restricted Assets		1,582,308

* Indicate the Balance Per the HMO's Records

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STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable. Group the total of all other premiums receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.	N/A for Qtrly Filing					0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

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STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE D
HEALTH CARE RECEIVABLES &
AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES

Individually list all debtors with account balances greater than 10% of gross Receivables. Group the total of all other receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.	State of California	2,539,798				2,539,798
2.	Reza Abbaszadeh, DDS	2,098,322				2,098,322
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed	1,291,151	481,655	284,473	617,722	2,675,001
55.	Total	5,929,271	481,655	284,473	617,722	7,313,121

**

STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed - Due." Report accounts payable from the initial date of billing or due date under contract.

1	2	3	4	5	6	7
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
1. N/A for Qtrly Filing						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23. Aggregate Accounts Not Individually Listed - Due						0
24. Total	0	0	0	0	0	0

**

SCHEDULE G - UNPAID CLAIMS ANALYSIS**SECTION I - CLAIMS UNPAID**

	1	2	3
Type of Claim	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims			0
2. Physician Claims	2,920,284	2,418,074	5,338,358
3. Referral Claims			0
4. Other Medical			0
5. TOTAL	2,920,284	2,418,074	5,338,358

SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year		6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year		
6. Inpatient Claims					0	
7. Physician Claims					0	
8. Referral Claims					0	
9. Other Medical					0	
10. TOTAL	0	0	0	0	0	0

SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED*

1 Month Ending	2 Beginning Balance Number of Claims in inventory on the 1st of each month	3 Add - Claims Received during the month	4 Deduct - Claims paid during the month	5 Deduct - Claims denied during the month	6 Add/Deduct - Adjustments	7 Ending Balance Number of claims in inventory at the end of the month
11.						
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0

* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

**

STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE H - AGING OF ALL CLAIMS

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1	2	3	4	5	6
	Month Ending	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0

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STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Amount Paid-To-Date	Difference - Column (2-3)	Outstanding Liability (Based on plan's lag
1. Current Quarter		XXX	0	
2. Previous Quarter			0	
3. Previous 2 Quarters			0	
4. Previous 3 Quarters			0	
5. Previous 4 Quarters			0	
6. Previous 5 Quarters			0	
7. Previous 6 Quarters			0	
8. Previous 7 Quarters			0	

* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

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NOTES TO FINANCIAL STATEMENTS	
1.	See Separate Attachment.
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OVERFLOW PAGE FOR WRITE-INS	
1.	Report #1 Part B: Liab. and Net Worth: Details of Write-Ins Aggregated at Item 11 for Current Liab.
2.	1105 Misc. Patient Accounts Liability \$347,667
3.	
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STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06, 1300.84.2 AND 1374.68

	1	2	3	4	5
A.	Explanation of the method of calculating the provision for incurred and unreported claims:				
1.					
B.	Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:				
	<u>Name of Debtor</u>	<u>Nature of Relationship</u>	<u>Nature of Receivable</u>	<u>Amount</u>	<u>Terms</u>
2.	Dr. Reza Abbaszadeh	Owner, Officer & Director	Commercial Mortgages	2,098,322	1 Yr, 8%, Int only
3.	Various - see notes	Employees / Other	Advances	250,336	Various
4.					
5.					
6.					
C.	Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:				
	<u>Donor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Valuation Method</u>	<u>Amount</u>	
7.	None				
8.					
9.					
10.					
11.					
D.	Forgiven debt or obligations, as detailed below:				
	<u>Creditor's Name</u>	<u>Affiliation with Reporting Entity</u>	<u>Summary of How Obligation Arose</u>	<u>Amount</u>	
12.	None				
13.					
14.					
15.					
E.	Calculation of Tangible Net Equity (TNE) and Required TNE in accordance with Section 1300.76 of the Rules:				
16.	Net Equity			\$	16,081,781
17.	Add: Subordinated Debt			\$	
18.	Less: Receivables from officers, directors, and affiliates			\$	2,348,658
19.	Intangibles			\$	
20.	Tangible Net Equity (TNE)			\$	13,733,123
21.	Required Tangible Net Equity (See Page 22)			\$	2,320,207
22.	TNE Excess (Deficiency)			\$	11,412,916
F.	Percentage of administrative costs to revenue obtained from subscribers and enrollees:				
23.	Revenue from subscribers and enrollees			\$	7,576,341
24.	Administrative Costs			\$	1,277,900
25.	Percentage				17
26.	The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees:			\$	40,000
27.	Total costs for health care services for the immediately preceding six months:			\$	16,774,235
28.	Percentage				0

G. If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which <u>were or will be</u> paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the reports, shall be provided:		1
29. Amount of all claims for noncontracting provider services received for reimbursement but not yet processed:	\$	
30. Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days:	\$	
31. Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid:	\$	
32. An estimate of the amount of claims for noncontracting provider services incurred, but not reported:	\$	
33. Compliance with Section 1377(a) as determined in accordance with such section, as follows:		
34. Cash & cash equivalents maintained	\$	
35. Noncontracting provider claims (aggregate of total of items 29 - 32 above)	\$	0
36. Cash & cash equivalents reported to be maintained (120% x Line 35)	\$	0
37. Deposit required (100% of Line 36)	\$	0
38. Excess (deficient) reserves (Line 34 - Line 37)	\$	0
Percentage of premium revenue earned from point-of-service plan contracts:		
39. Premium revenue earned from point-of-service plan contracts	\$	
40. Total premium revenue earned	\$	
41. Percentage		0
Percentage of total health care expenditures incurred for enrollees for out-of-network services for point-of-service enrollees:		
42. Health care expenditures for out-of-network services for point-of-service enrollees	\$	
43. Total health care expenditures	\$	
44. Percentage		0
45. Point-of-Service Enrollment at end of period		
Total Ambulatory encounters for period for point-of-service enrollees:		
46. Physician		
47. Non-Physician		
48. Total		0
49. Total Patient Days Incurred for Point-of-Service enrollees		
50. Annualized Hospital Days/1000 for Point-of-Service enrollees		
51. Average Length of Stay for Point of Service enrollees		
52. Compliance with Section 1374.68(a) as follows:		
53. Current Monthly Claims Payable for out-of-network coverage or services provided under Point-of-Service Contracts:	\$	
54. Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under Point-of-Service contracts	\$	
55. Total	\$	0
56. Total times 120%	\$	0
57. Deposit (Greater of Line 56 or minimum of \$200,000)	\$	

STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:

TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

Full Service Plans		Specialized Plans	
	1		2
A. Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:			
1. 2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$ 150,000
Plus		Plus	
2. 1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$ 690,394
3. Total	\$ 0	Total	\$ 840,394
C. HEALTHCARE EXPENDITURES:			
4. 8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 600,000
Plus		Plus	
5. 4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$ 1,720,207
Plus		Plus	
6. 4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$
7. Total	\$ 0	Total	\$ 2,320,207
8. Required "TNE" - Greater of "A" "B" or "C"	\$	Required "TNE" - Greater of "A" "B" or "C"	\$ 2,320,207

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

		1
1. Net Equity	\$	16,081,781
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	16,081,781
6. Required Tangible Net Equity (From Line 10 or 13 below)	\$	
7. TNE Excess (Deficiency)	\$	16,081,781
ADJUSTED MINIMUM TANGIBLE NET EQUITY CALCULATION (Complete Section I or II):		
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):		
<u>PART A</u>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 24)	\$	
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	
13. Add lines 11 and 12	\$	0
III. MINIMUM TNE REQUIREMENT TO DETERMINE MONTHLY REPORTING		
14. Line 5 (above)	\$	16,081,781
15. Multiply Line 6 (above) by 130%	\$	0
16. Difference (Line 14 - Line 15)	\$	16,081,781
If Line 14 is less than Line 15, then monthly reporting is required		

STATEMENT AS OF 6-30-2003 OF 933-0318 ACCESS DENTAL PLAN

WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text" value="16,743,038"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text" value="4,116,744"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text" value="0"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="12,626,294"/>
5. Annualized	<input type="text"/>	<input type="text" value="50,505,176"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text" value="7,500,000"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="600,000"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text" value="50,505,176"/>
9. Less \$150 million	<input type="text"/>	<input type="text" value="43,005,176"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="1,720,207"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="2,320,207"/>

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